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CAS 115-86-6

Substance Name Triphenyl phosphate (**TPP** or TPHP)

Toxicity

EPA classified TPP as a high hazard for toxicity from repeated exposures [1]. Decreased body weight gain in adult rats was the most sensitive endpoint reported following repeated oral exposure; the lowest-observed-adverse-effect-level (LOAEL) was 161 mg/kg-day. At higher doses, reproductive and fetal effects were observed [1]. TPP appears to be active in endocrine tissues. In a recently published study, mice exposed to 300 mg/kg-day TPP orally for 35 days had decreased testes weight, histopathological damage, decreased testicular testosterone levels, decreased expression of genes related to testosterone synthesis, and signs of oxidative stress in the liver [2]. *In vitro* testing shows that TPP is a moderate androgen-receptor binder and can inhibit receptor function (testosterone-induced androgen-receptor-dependent activity) [1]. TPP and its hydroxylated metabolites acted as estrogen receptor agonists in other *in vitro* studies [3, 4]. Only limited human evidence of endocrine disruption is available. A study in Boston, Massachusetts reported that men living in homes with higher TPP in house dust had decreased sperm counts and altered hormone (prolactin) levels [5].

There is also emerging evidence that TPP may cause long-lasting metabolic disruption in rats exposed during fetal and nursing periods [6, 7]. Green et al., 2016 showed that developmental exposure to TPP alone, caused accelerated onset of type 2 diabetes in a rat diabetes model and increased body fat later in life [7]. The very low dose used in this study (17 μ g/rat-day; <0.5 mg/kg-day) was not associated with overt toxicity or weight change in treated dams or offspring at birth. It was equivalent to the dose of TPP present in a study by Patisaul et al., 2013, that observed metabolic disruption in offspring following developmental exposure to 1 mg/rat-day of Firemaster® 550 [6]. These study results suggest a high hazard for developmental toxicity.

Investigators at the National Toxicology Program used cell-based *in vitro* assays and assays in rapidly developing whole organisms (in this case, the nematode *C. elegans*) to screen for potential developmental toxicity and neurotoxicity of a number of phosphate flame retardants [8, 9]. TPP had a more potent impact on larval development than PBDE¹ flame retardants and was a relatively strong inhibitor of mitochondrial activity in *in vitro* testing [9].

Exposure

TPP is a plasticizing flame retardant in PVC. It is also used as a flame retardant in other polymers, textiles, polyurethane foam, electronic circuit boards, photographic films, and building materials. [10, 11]. It is a component of Firemaster® 550 used in polyurethane foams and has been detected in baby products [11, 12] other children's products, carpet pads, and plastic parts of LCD monitors [13]. TPP is an additive flame retardant and migrates from computer monitors and TV sets [11]. TPP is also used as a plasticizer and may be in clothing, textiles, cosmetics, and personal care products [14]. It is listed as an

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¹ Pbde - polybrominated diphenyl ether

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ingredient in nail polish and a recent biomonitoring study showed short-term spikes in exposure following application of nail polish [15]. U.S. national production volume was reported to be 10,796,422 million pounds per year in 2012 [16].

Because of its physical properties, TPP that escapes from consumer products, either by emission or abrasion, is likely to end up in indoor dust. TPP was detected at high levels in indoor dust in studies of homes in North Carolina, Boston, California, and Canada [17-20]. Maximum detected level was 1,800 μ g/g dust. It has also been detected in U.S. office and vehicle dust [21]. TPP has also been measured in the indoor air of homes and public buildings in a number of countries. Maximum level reported was 100 μ g/m³ [11].

Diphenyl phosphate (DPHP), a metabolite of TPP, has been found in urine at high frequency (>90%) in North American biomonitoring studies including Boston adults [22], New Jersey mothers and toddlers [23], California mothers and their children aged 2-70 months [24], and North Carolina babies [25]. Levels measured in children were higher than their mothers [23, 24, 26] and were higher in children with more reported hand-to-mouth behaviors [23, 24]. Mean and median levels of DPHP in urine reported across these studies have been less than 3.2 ng/mL with a maximum reported level of 140 ng/mL. TPP has been measured up to 140 ng/g lipid in human breast milk in Asian and Swedish studies [27, 28]. TPP was detected in 98% of hair samples and 74% of finger and toenail samples in a population of young adults in Indiana [29].

TPP appears to be ubiquitous in the environment and has been detected in drinking water, river water, seawater, rainwater, snow, wastewater effluent, ambient air, and indoor air [1, 11, 18, 30-33].

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